

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

2003 JUL 15 PM 4:05

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages this report: 1/12	
3 CANDIDATE / OFFICEHOLDER NAME	TITLE FIRST MI Philip A.				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME LAST SUFFIX Phil Cortez				
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. Box 240758 San Antonio TX 78224				
5 CAMPAIGN TREASURER NAME	TITLE FIRST MI Rose				
	NICKNAME LAST SUFFIX Cortez				
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 351 McNamey San Antonio TX 78211				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 923-1557				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 05/17/2003 06/30/2003				
10 ELECTION	ELECTION DATE Month Day Year 05 27 03		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)		
13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..				
	Name				
	Address/PO Box; Apt. / Suite #; City; State; Zip Code				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2003 JUL 15 PM 4:05

14 C/OH NAME

Philip A. Cortez

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages
17 NO REPORTABLE
ACTIVITY
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)
18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7500.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

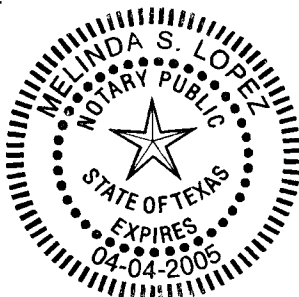
\$ 8695.32

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Philip A. Cortez

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said *Philip A. Cortez*, this the *15th* day of *July*, 20 *03*, to certify which, witness my hand and seal of office.

Melinda S. Lopez

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath



**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 3/12	
2 FILER NAME Philip A. Cortez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/20/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Douglas Beach 6 Contributor address; City; State; Zip Code 217 Alamo Plaza Suite 300 San Antonio TX 78205	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Paul Bracher Contributor address; City; State; Zip Code 410 Grandview Place San Antonio TX 78209	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Ernest Bromley Contributor address; City; State; Zip Code 104 E. Elsmere Ave. San Antonio TX 78212	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Jesse Covarrubias Contributor address; City; State; Zip Code 204 Shalimar San Antonio TX 78213	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/22/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Don Durden Contributor address; City; State; Zip Code 411 FM 473 Comfort TX 78013	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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1 Total pages this report:

4/12

2 FILER NAME
Philip A. Cortez

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/17/2003

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Richard Evans

6 Contributor address; City; State; Zip Code
315 Terrell Rd.

San Antonio TX 78209

7 Amount of
contribution (\$)

50.00

8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
James Fisher III

05/17/2003

Contributor address; City; State; Zip Code
3813 Mockingbird

Dallas TX 75205

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
James Fisher II

05/17/2003

Contributor address; City; State; Zip Code
3813 Mockingbird

Dallas TX 75205

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
T.C. Frost

05/17/2003

Contributor address; City; State; Zip Code
P.O. Box 1600

San Antonio TX 78296

Amount of
contribution (\$)

50.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor ☐ out-of-state PAC(ID# _____)
Fulbright and Jaworski L.L.P. Texas Committee

05/27/2003

Contributor address; City; State; Zip Code

1301 McKinney
Suite 5100
Houston TX 77010

Amount of
contribution (\$)

500.00

In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 5/12	
2 FILER NAME Philip A. Cortez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 05/21/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Gale, Wilson, and Sanchez, P.L.L.C. 6 Contributor address; City; State; Zip Code 115 E. Travis Suite 618 San Antonio TX 78205	7 Amount of contribution (\$) 750.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Wayne Harwell Contributor address; City; State; Zip Code P.O. Box 17065 San Antonio TX 78217	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Harry Hausman Contributor address; City; State; Zip Code 2939 Mossrock Suite 200 San Antonio TX 78230	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/21/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Julian Castro for Council Campaign Contributor address; City; State; Zip Code 143 Globe San Antonio TX 78228	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/19/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Leticia Montoya Contributor address; City; State; Zip Code 8719 Chartres San Antonio TX 78240	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

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(FOR FORMS C/OH & SPAC)

2003 JUL 15 PM 4:05

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2 FILER NAME Philip A. Cortez		3 ACCOUNT # (Ethics Commission files)	
4 Date 05/23/2003	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Shelton Padgett 6 Contributor address; City; State; Zip Code 300 Convent St. Suite 1500 San Antonio TX 78205	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) William Perotti Contributor address; City; State; Zip Code TX	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/17/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Nancy Schaefer Contributor address; City; State; Zip Code San Antonio TX	Amount of contribution (\$) 800.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Baltazar Serna Contributor address; City; State; Zip Code 120 Villita San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	
Date 05/20/2003	Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Cesar Serna Contributor address; City; State; Zip Code 120 Villita San Antonio TX 78205	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURESCITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
7/12**2** FILER NAME
Philip A. Cortez**3** ACCOUNT # (Ethics Commission filers)**4** Date
05/17/2003**5** Payee name
Allied Advertising**7** Amount
(\$)
500.00**6** Payee address; City; State; Zip Code
3700 Blanco Rd.
San Antonio TX 78212**8** Purpose of expenditure (See instructions regarding type of information required.)
signs**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/19/2003Payee name
Tanya BenavidesAmount
(\$)
1000.00Payee address; City; State; Zip Code
San Antonio TXPurpose of expenditure (See instructions regarding type of information required.)
campaign laborComplete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/20/2003Payee name
CashAmount
(\$)
50.00Payee address; City; State; Zip Code
TXPurpose of expenditure (See instructions regarding type of information required.)
blockwalking-5/20/03Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office heldDate
05/27/2003Payee name
CashAmount
(\$)
1836.00Payee address; City; State; Zip Code
TXPurpose of expenditure (See instructions regarding type of information required.)
money for blockwalking-5/27/03Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES

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SCHEDULE F

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1 Total pages report:
8/122 FILER NAME
Philip A. Cortez

3 ACCOUNT # (Ethics Commission filers)

4 Date 05/26/2003	5 Payee name Chris Castro	7 Amount (\$) 260.00
6 Payee address; City; State; Zip Code 5100 NW Loop 410 # 2405 San Antonio TX 78229		
8 Purpose of expenditure (See instructions regarding type of information required.) cellular phone bill		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 05/26/2003	Payee name Rose Cortez	Amount (\$) 50.00
Payee address; City; State; Zip Code 351 McNamey San Antonio TX 78211		
Purpose of expenditure (See instructions regarding type of information required.) reimbursement for volunteer food		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 05/21/2003	Payee name Crumrine Printers	Amount (\$) 1500.00
Payee address; City; State; Zip Code 2030 E. Houston St. San Antonio TX 78202		
Purpose of expenditure (See instructions regarding type of information required.) printing services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

Date 05/22/2003	Payee name Heritage Neighborhood Association	Amount (\$) 90.00
Payee address; City; State; Zip Code P.O. Box 769235 San Antonio TX 78245		
Purpose of expenditure (See instructions regarding type of information required.) newsletter advertisement		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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1 Total pages report:
9/12

2 FILER NAME

Philip A. Cortez

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/26/2003

5 Payee name

Kentucky Fried Chicken

7 Amount

(\$)

26.43

6 Payee address; City; State; Zip Code

2510 SW Military Dr.

San Antonio TX 78224

8 Purpose of expenditure (See instructions regarding type of information required.)
food for volunteers

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/24/2003

Payee name

Little Caesar's Pizza

Amount

(\$)

40.76

Payee address; City; State; Zip Code

6976 S. Zarzamora

San Antonio TX 78224

Purpose of expenditure (See instructions regarding type of information required.)
food for volunteers

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/17/2003

Payee name

Office Depot

Amount

(\$)

126.95

Payee address; City; State; Zip Code

2321 SW Military Dr.

San Antonio TX 78224

Purpose of expenditure (See instructions regarding type of information required.)
copies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/19/2003

Payee name

Office Depot

Amount

(\$)

13.65

Payee address; City; State; Zip Code

2321 SW Military Dr.

San Antonio TX 78224

Purpose of expenditure (See instructions regarding type of information required.)
copies

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 10/12
2 FILER NAME Philip A. Cortez		3 ACCOUNT # (Ethics Commission filers)
4 Date 05/19/2003	5 Payee name Office Depot 6 Payee address; City; State; Zip Code 2321 SW Military Dr. San Antonio TX 78224	7 Amount (\$) 118.20
8 Purpose of expenditure (See instructions regarding type of information required.) copies		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/26/2003	Payee name Office Depot Payee address; City; State; Zip Code 2321 SW Military Dr. San Antonio TX 78224	Amount (\$) 119.44
Purpose of expenditure (See instructions regarding type of information required.) copies/office supplies		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 05/21/2003	Payee name PC Mailing Services Payee address; City; State; Zip Code 10711 Hillpoint Dr. San Antonio TX 78217	Amount (\$) 1000.00
Purpose of expenditure (See instructions regarding type of information required.) mailing services		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 06/02/2003	Payee name Roosevelt Neighborhood Association Payee address; City; State; Zip Code San Antonio TX 78210	Amount (\$) 150.00
Purpose of expenditure (See instructions regarding type of information required.) donation for raffle tickets		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

2003 JUL 15 PM 4:05

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
11/12**2** FILER NAME
Philip A. Cortez**3** ACCOUNT # (Ethics Commission filers)**4** Date
05/17/2003**5** Payee name
San Antonio Post**7** Amount
(\$)
700.00**6** Payee address; City; State; Zip Code
P.O. Box 14463
San Antonio TX 78214**8** Purpose of expenditure (See instructions regarding type of information required.)
advertisement**9** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held**Date**
05/19/2003**Payee name**
San Antonio Post**Amount**
(\$)
384.00**Payee address; City; State; Zip Code**
P.O. Box 14463
San Antonio TX 78214**Purpose of expenditure** (See instructions regarding type of information required.)
advertisement**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
05/19/2003**Payee name**
Single Seniors Club**Amount**
(\$)
175.00**Payee address; City; State; Zip Code**
3506 SW Military Dr.
San Antonio TX 78211**Purpose of expenditure** (See instructions regarding type of information required.)
donation**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held**Date**
05/23/2003**Payee name**
Southside Reporter**Amount**
(\$)
400.00**Payee address; City; State; Zip Code**
2203 S. Hackberry
San Antonio TX 78210**Purpose of expenditure** (See instructions regarding type of information required.)
advertisement**Complete if direct expenditure to benefit C/OH ****
Candidate / Officeholder name Office sought Office held

POLITICAL EXPENDITURES**SCHEDULE F**

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The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages report:
12/12**2 FILER NAME**

Philip A. Cortez

3 ACCOUNT # (Ethics Commission filers)**4 Date**

05/26/2003

5 Payee name

Target

7 Amount

(\$)

95.09

6 Payee address; City; State; Zip Code

2810 SW Military Dr.

San Antonio TX 78224

8 Purpose of expenditure (See instructions regarding type of information required.)

Election Day supplies

9 Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

05/19/2003

Payee name

Steven Trevino

Amount

(\$)

60.00

Payee address; City; State; Zip Code

San Antonio TX

Purpose of expenditure (See instructions regarding type of information required.)

campaign labor

Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held